



PREAPPLICATION REVIEW

835 East 14th Street, San Leandro, CA 94577 • Email planner@sanleandro.org • Leave a Message (510) 577-3325

Please complete this form and submit to the Planning Division with electronic site plan, elevations, and narrative.

PROJECT ADDRESS	
APN(s)	
Lot Area (sq. ft.)	Zoning www.sanleandro.org/zoning
Present or Previous Use	
Project Description <i>(Attach additional sheets if necessary)</i>	

OFFICIAL USE ONLY	
Project #	
Planner	
Land Use(s)	
Code Section(s)	

APPLICANT

Full Name	<input type="checkbox"/> Lessee
Legal Business Name	
Mailing Address	
Email	Phone

APPLICATION RECEIVED	
By	
Date	
# Full-Size Sets	# Reduced Sets
<input type="checkbox"/> Digital Materials Included	
FEE PAID	

PROPERTY OWNER OR AUTHORIZED AGENT* *(*Attach authorization document for the filing of this application)*

Full Name	<input type="checkbox"/> Property Owner
Legal Business Name	
Mailing Address	
Email	Phone

SIGNATURES

I (We) hereby certify under penalty of perjury that I (we) join in said application and that the statements and information contained herein are in all respects true and correct.

Applicant Signature	Date	
Owner/Agent Signature	Date	

STAFF COMMENTS